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TO EXAMINER:	FROM APPLICANT:
LESTER KINCAID, GROUP 2665	RICHARD J. DITZIK
FAX NUMBER:	DATE:
703-872-9314	SEPTEMBER 3, 2002
COMPANY:	TOTAL NO. OF PAGES INCLUDING COVER: 11
US PATENT & TRADEMARK OFFICE	
PHONE NUMBER:	APPLICATION NUMBER:
703-306-3016	09/391,966 FILED: 09/08/99

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- Formal Amendment under 37 CFR 1.111; eight (8) pages.
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Signature

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- Amendment Under 37 CFR •1.111 for application no. 09/391,966 filed 09/0899 of Richard J. Ditzik, eight (8) pages, signed.
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**AMENDMENT
TRANSMITTAL**
In Re:

Application Number	09/391,966
Filing Date	09/08/99
First Named Inventor	Richard J. Ditzik
Group Art Unit	2885
Examiner Name	Kincald, Lester G.

For: Modular Notebook and PDA Computer Systems for Personal Computing and Wireless Communications

- A. Transmitted herein is an Amendment under 37 CFR § 1.111 for the above-identified application, 8 pages.
- B. Applicant is an small entity – verified statement already filed.

Method of Payment (Check One)							Fee Calculation (continued)																					
1. _____ Commissioner is here be authorized to charge indicated fees and credit any over payment to: Deposit Account Nr. _____							3. ADDITIONAL FEES Small Entity <table border="1"> <thead> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>215</td> <td></td> <td>Extension for response within first month</td> <td></td> </tr> <tr> <td>216</td> <td></td> <td>Extension for response within second month</td> <td></td> </tr> <tr> <td>217</td> <td></td> <td>Extension for response within third month</td> <td></td> </tr> </tbody> </table>				Fee Code	Fee (\$)	Fee Description	Fee Paid	215		Extension for response within first month		216		Extension for response within second month		217		Extension for response within third month			
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216		Extension for response within second month																										
217		Extension for response within third month																										
Fee Calculation																												
2. CLAIMS		Prev Paid Extra	Fee fm below	Fee Paid																								
Total Claims:	16	-20 = 0	X	= 0																								
Independent Claims:	2	-3 = 0	X	= 0																								
Multiple Dep. Claims:			X	=																								
Small Entity <table border="1"> <thead> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Description</th> </tr> </thead> <tbody> <tr> <td>203</td> <td>\$8</td> <td>Claims in excess of 20</td> </tr> <tr> <td>202</td> <td>\$39</td> <td>Independent claims in excess of 3</td> </tr> <tr> <td>204</td> <td>\$130</td> <td>Multiple dependent claim</td> </tr> <tr> <td>209</td> <td>\$39</td> <td>Reissue indep. Claims over original</td> </tr> <tr> <td>210</td> <td>\$9</td> <td>Reissue claims in excess of 20</td> </tr> </tbody> </table>							Fee Code	Fee (\$)	Fee Description	203	\$8	Claims in excess of 20	202	\$39	Independent claims in excess of 3	204	\$130	Multiple dependent claim	209	\$39	Reissue indep. Claims over original	210	\$9	Reissue claims in excess of 20				
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210	\$9	Reissue claims in excess of 20																										
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SUBMITTED BY:					Complete (if known)	
Type Name	Richard J. Ditzik				Reg. Number	
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